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CONFIRMATION NO. 6750

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/416,902	10/13/1999	435	1639	05569.0004.DVUS06
RULE				
APPLICANTS JOHN MCCAFFERTY, CAMBRIDGESHIRE, UNITED KINGDOM; ANTHONY RICHARD POPE, CAMBRIDGE, UNITED KINGDOM; KEVIN STUART JOHNSON, CAMBRIDGE, UNITED KINGDOM; HENDRICUS R.J.M. HOOGENBOOM, MAASTRICHT, NETHERLANDS; ANDREW DAVID GRIFFITHS, CAMBRIDGE, UNITED KINGDOM; RONALD HENRY JACKSON, CAMBRIDGE, UNITED KINGDOM; KASPER PHILIPP HOLLIGER, CAMBRIDGE, UNITED KINGDOM; JAMES DAVID MARKS, SAN FRANCISCO, CA; TIMOTHY PIERS CLACKSON, CAMBRIDGE, MA; DAVID JOHN CHISWELL, CAMBRIDGESHIRE, UNITED KINGDOM; GREGORY PAUL WINTER, CAMBRIDGE, UNITED KINGDOM; TIMOTHY PETER BONNERT, SEATTLE, WA;				
** CONTINUING DATA ***** This application is a DIV of 08/484,893 06/07/1995 PAT 6,172,197 which is a CON of 07/971,857 01/08/1993 PAT 5,969,108 and is a CON of PCT/GB91/01134 07/10/1991				
** FOREIGN APPLICATIONS ***** UNITED KINGDOM 9015198.6 07/10/1990 UNITED KINGDOM 9022845.3 10/19/1990 UNITED KINGDOM 9024503.6 11/12/1990 UNITED KINGDOM 9104744.9 03/06/1991 UNITED KINGDOM 9110549.4 05/15/1991				
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/08/1999				
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/AMBER D STEELE/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWINGS 45	TOTAL CLAIMS 17
INDEPENDENT CLAIMS 1				
ADDRESS HOWREY LLP C/O IP DOCKETING DEPARTMENT 2941 FAIRVIEW PARK DR, SUITE 200 FALLS CHURCH, VA 22042-2924 UNITED STATES				
TITLE METHODS FOR PRODUCING MEMBERS OF SPECIFIC BINDING PAIRS				
			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing)	

FILING FEE RECEIVED 760	FEES: Authority has been given in Paper	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.18 Fees (Issue)
	No. _____ for following:	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit